

# LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D., }  
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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"NEC TENUI PENNĀ."

Vol. XIV.

LOUISVILLE, SEPTEMBER 2, 1882.

No. 10.

J. W. HOLLAND, A. M., M. D., . . . . . } Editors.  
H. A. COTTELL, M. D., . . . . . }

## THE VALUE OF LIFE.

Among savage nations the brutal disregard of life and the heartless neglect of the sick are conspicuous social and political features, and by the law of heredity the traits of character which find expression in these cruelties, though modified and refined, persist for centuries in their barbarous or half-civilized descendants.

With the savage, murder is a business, torture a pastime, and the sick are left to be torn in pieces by wild beasts or to perish from cold and hunger. Among their barbarous descendants murder takes a more fair-seeming form in wars for conquest or plunder; torture is applied to those only who break the laws; and while the sick are tolerated by all, and in some cases nursed with tender regard, yet through ignorance of medicine, and a common neglect of simple sanitary measures, many lives are sacrificed.

In civilizations which have escaped the almost inevitable lapse into barbarism, and have thus attained a great age, we find that with the roll of the centuries they have moved "upward, working out the brute and let the ape and tiger die." Development in them has been upon the humane side, and shows itself in what might seem a sentimental and foolish regard for life. This principle is carried so far among some of the peoples of India that the killing of animals under any circumstances is not allowed, while their hospitals for sick and wounded brutes stand

as an absurd wonder in the eyes of Europeans who may visit this strange land.

When Devadatta sent a demand for the wounded swan which his arrow had brought down in the royal garden, Siddartha, the prince, who was tenderly nursing it, replied:

"Say no! the bird is mine,  
The first of myriad things which shall be mine  
By right of mercy and love's lordliness.  
For now I know, by what within me stirs,  
That I shall teach compassion unto men  
And be a speechless world's interpreter,  
Abating this accursed flood of woe,  
Not man's alone."

This is full of the spirit of reverential regard for life which under the bias of transcendental thought and the dogma of the transmigration of souls, has been carried by the Orientals to a seemingly absurd sentimentality, but which nevertheless, when understood, is a charming trait of character, and displays most fittingly the effect of that culture on the better side of human nature which can come only after many centuries of civilization.

We believe that traces of this phase of development are showing themselves in our European civilization. The revolting cruelties which blacken the pages of history from the dawn of our civilization down almost to the beginning of the present century are as dead as the tyrants who practiced them, and the spirit of love, husbanded by a noble religion, and freed from the fetters of superstition by a catholic science, hovers with heavenly-plumed wings over ten thousand beneficent charities. Hospitals and infirmaries for the sick; asylums for the insane, the deaf and dumb, and feeble-minded; institutions for the support of the

indigent and the aged, meet us upon every hand; and prisons, while still a necessity, are made fit habitations for unfortunate and unhappy men. These with societies for the protection of the weak and oppressed among men, and for the prevention of cruelty to animals, with an ever-awakening interest in sanitary science and hygiene, attest a growing regard for life and a finer appreciation of its value.

The spirit of the world has changed; we are better than our fathers were; and while there are still among us not a few cynics who are ready to allege that there are too many people in the world, and to argue the necessity of wars and pestilences to thin them out, and while conquerors are still the cynosure of many eyes, the scientific spirit of the age, having questioned deeply this mystery of life and received no answer, is coming to look upon it with the reverential awe of the Indian sage who said:

"If life be aught, the savior of a life  
Owns more the living thing than he can own  
Who sought to slay—the slayer spoils and wastes,  
The cherisher sustains."

#### MISCELLANY.

A COMPLIMENT TO LOUISVILLE DOCTORS. The venerable and distinguished Dr. Bowling, of Nashville, in an elaborate essay, in the Nashville Med. Journal, on the life of the late Dr. Briggs, of Bowling Green, a physician and surgeon of eminent usefulness, and father of Professor Briggs, of Nashville, dwells at length on the power of the soil and climate of the "Dark and Bloody Ground" to produce intellectual excellence. He enumerates a noble host of names bright in the annals of American medicine, and among those living he thus alludes to three members of the Faculty of the University of Louisville: "Here were born and developed David W. and Lunsford P. Yandell, and the honored father of these distinguished scions having spent the whole of his medical life—student, practitioner, and teacher—in Kentucky, whose generous soil now holds his honorable ashes in trust, must be classed with his children. Here today is Theodore S. Bell, of whom Prentice wrote that he 'had learning enough to supply half a dozen med-

ical colleges.' He has worked and studied and studied and worked until he has gathered and stored away more of the honey of human learning possibly than any physician of his generation."

HIBERNATION.—In consequence of an increase of duties connected with the NATIONAL VACCINE ESTABLISHMENT, of which its editor is the director, Walsh's Retrospect will be suspended until January, 1883. At that time Vol. III will be completed and the publication of the journal continued. We shall be sorry to miss our welcome contemporary from our exchanges for even so short a time as four months, and shall await its return with the fear that if Dr. Walsh displays as much ability in the management of the *Vaccine Department* as he has shown in the field of journalism, it will be a much longer time before the Government will allow him to resume his editorial functions.

A FATALITY has just occurred where the nurse-maid, in presence of children, had half-filled the bath with boiling water, and then proceeded to fetch some cold water. In her absence a boy fifteen months old fell over the edge of the bath into the hot water, and was so terribly scalded that he died almost immediately. In preparing warm baths, especially for children, the cold water should be put in first.—*Boston Jour. of Chem.*

GRAPE-CURE IN AUSTRIA.—The Vienna correspondent of the Philadelphia Medical News states that an establishment having for its object the cure of numerous diseases through the agency of grapes variously combined with tannic acid has been introduced into the Volksgarten by Dr. V. Hibentauz. Much discussion as to the merit of the undertaking is rife among Vienna medical circles.

We are informed by the secretary, Dr. R. J. Duglison, that at a recent meeting of the Council, the annual meeting of the American Academy of Medicine was postponed until Thursday, October 26th, 1882, when it will take place in Philadelphia at the time of the bicentennial celebration in that city.

M. PASTEUR will read a paper on the Attenuation of Virus at the next meeting of the International Congress of Hygiene, which is to be held at Geneva.

**NICOTINIC AMBLYOPIA.**—Dr. Miguel Segura, in *La Clínica de Málaga* (Medical Record), speaks of the resemblance of the amblyopia of alcohol to that of nicotine, but determines certain differential characteristics as follows:

**IN THE ALCOHOLIC.**  
The attack is sudden, almost instantaneous.  
Pupil is dilated.  
Both eyes are equally affected.

Patients see better at night. A bright light disturbs them. Complaint of chromatic phenomena and of disturbances due to spasm of the muscles of accommodation.

**IN THE NICOTINIC.**  
The attack is slow and progressive.  
Pupil is contracted.  
One or both eyes may be involved; generally, however, one later than the other.

See better in the daytime. Do not complain of the other phenomena named.

The basis of treatment in nicotinic amblyopia is the enforcing of complete abstinence from tobacco. Recovery is favored by tonics, strychnine hypodermically, and by caffeine. The last named increases the activity of the circulation, and by exciting the nerve-centers overcomes the stupefying action of tobacco. Quinine and potassium bromide have yielded brilliant results, especially in the mixed amblyopia of alcohol and tobacco.

**DEATH OF DR. AMÉDÉE LATOUR.**—The *doyen* of the French medical press, who has done so much to elevate its character and maintain its tone, has just died amid his much-beloved roses at Chatillon, near Paris. During the long period of some forty years his pen has never failed him, and writing first in the *Gazette des Hôpitaux* as "Jean Raimond," and afterward in the *Union Médicale* as "Docteur Simplicé," his weekly *feuilletons* were ever a source of pleasure to those who could appreciate the remarkable features that characterized them. In the construction of these productions, which neither our political nor our professional press has ever been able to acclimatize, he may surely be ranked with the highest masters of the art. This most genial of critics let nothing escape him in his weekly review of the topics which interest the medical world. The weak and strong points were all displayed with unerring acuteness in felicitous language; and never, even when writing, as often, under the pressure of severe illness, or the conviction that he was opposing a great danger, was he tempted to use an acrimonious expression or one which could hurt the feelings of the most sensitive opponent. An ardent reform-

er, he never forgot the good and great qualities of those whom he opposed, and his gentle inuendoes, anecdotes of and references to bygone times were most attractive reading. His great ability and indomitable energy raised him to being a power in the medico-political world, and not long since the Académie de Médecine opened its doors to him. The French Medical Association, with its organ, the *Union Médicale*, was the result of his energetic exertions; and although some of those reforms which he advocated in its columns, and especially the revival of the *concours*, have never come to pass, he has been the means of producing great improvement in many directions. A man of very limited means and simple habits, he never lost the opportunity of advocating, at all times and seasons, the cause of the poor and destitute in our ranks.—*Med. Times and Gazette*.

**THE BACILLI OF TUBERCLE.**—For the demonstration of tubercle bacilli in the sputum of phthisical patients, Baumgarten recommends the following method as more convenient than those of Koch and Ehrlich. A little of the sputum is dried on the cover-glass, as recommended by the latter, and then treated with potash—one or two drops of a thirty-three-per-cent solution of caustic potash added to a watch-glass of distilled water. The tubercle bacilli can then be readily seen with a magnifying power of four hundred or five hundred diameters, and a little pressure renders them still more distinct from the inclosing detritus of tissue. In order to preclude the possibility of confounding the bacilli of tubercle with those of other species, the cover-glass may be raised and placed aside until the layer of fluid on its under surface is dry, and then passed two or three times through a gas-flame, and then on it may be placed a drop of an ordinary watery solution of aniline violet or any other nucleus-tinting preparation of aniline. All the putrefaction bacteria then appear under the microscope as an intense blue or brown (according to the testing agent and its strength), while the tubercle bacilli remain absolutely colorless, and can be seen with the same distinctness as in the ordinary potash preparation. The whole process does not occupy more than ten minutes.—*The Lancet*.

**BLUE GLASS!**—Twenty-five thousand blue-glass goggles have been ordered for the use of the British army in Egypt.

**A SCOTCH PHYSICIAN GARROTED AND ROBBED.**—An outrage as cowardly as it is fortunately rare was perpetrated on Dr. Whitelaw, of Kirkintilloch, on last Monday night. Shortly after eleven o'clock a woman called at his house and stated that he was wanted at a neighboring villa, whither he at once set out along with her. When he had gone a short distance he heard footsteps behind. He was then attacked by two men, who knocked him down, garroted him, and robbed him. One of them kicked him on the ankle, fracturing the bone and causing dislocation. The thieves got but little, as Dr. Whitelaw had left his watch and valuables at home, a small pocket thermometer and a knife forming the chief part of their booty. Dr. Whitelaw was able to crawl back a little way, when he obtained assistance and was carried home. The greatest sympathy is felt for him in the district, where both in public and private life he is known for his kindness and activity in every philanthropic work in the community. No apprehensions have been made, but the police are said to be upon the track of the ruffians.—*The Lancet*.

**PROGRESS OF POPULATION AMONG THE JEWS.**—In general, in Europe, the increase of Catholics, Protestants, and Jews, compared with each other, is as 1—2—3; but in France and Austria the increase of Jews is four and seven times greater than that of the Catholics. This does not depend upon the greater number of births among the Jews, which is usually inferior to that of Catholics and Protestants, but the number of illegitimate births is very much less among the Jews than among the other inhabitants; and as the mortality of infants is especially noteworthy in the category of illegitimate children, the result is, that although the Jews have fewer infants than the Catholics and Protestants, they preserve a greater number of them. Another curious fact is the sex of the children. In the European population in general this is about one hundred and five male to one hundred female births; but in most countries where Jews abound, as Russia, Prussia, Austria, and Hungary, the proportion of male births rises to one hundred and ten, one hundred and twenty, or even one hundred and thirty, instead of one hundred and five; and M. Lagneau attributes this great predominance of male births among the Jews to the fact of the early age at which they marry.—*Lyon Méd.; Med. Times and Gazette*.

**THE PROPORTION OF MYOPICS IN GERMAN SCHOOLS.**—Dr. Nobis, of Chemnitz, has recently published statistical information on the above subject, founded on his experiences at the Chemnitz Gymnasium (or public school). Normal-sighted pupils were found in the following proportions: Sixth grade, ninety per cent; fifth grade, eighty-three per cent; fourth grade, eighty per cent; lower third grade, seventy-five per cent; upper third grade, sixty-five per cent; lower second grade, fifty-six per cent; upper second grade, fifty-six per cent; first grade, thirty-six per cent. He attributes this result (which embodies a progressive evil) in some degree to the bad paper and small print of the school-books in general use, and in particular to the microscopic characters employed in some Greek works. For this reason he advocates the universal introduction of Roman type, even for the Greek language. The result of his investigations shows that on an average twenty-five per cent of the pupils at the Chemnitz Gymnasium are short-sighted. The favorable local circumstances of Chemnitz make this average lower than is the case in many German institutions of a similar class, the rate over all Germany being thirty to fifty-five per cent. The connection between advancement in study and loss of visual range, which is indicated in the figures we have quoted in reference to the Chemnitz Gymnasium, is (according to the details published) fully confirmed by the returns of German schools in general. In the ordinary Government schools the rate is twenty to twenty-four per cent, in the higher girls' schools ten to twenty-four per cent, and in the elementary schools five to eleven per cent, while in the village schools the low rate of one per cent represents the proportion of short-sighted children.—*The Lancet*.

**ARTIFICIAL ICE IN EGYPT.**—Among the ample stores to be sent to Egypt are four steam ice-machines, the use of which will be taught to members of the hospital corps. Every field-hospital will have its ice-box, which will be filled with fresh ice every day.

**CANADA MEDICAL ASSOCIATION.**—The next meeting of the Canada Medical Association will be held in Toronto on the 6th, 7th, and 8th of September, under the presidency of Dr. Fenwick.

ONE hundred and fifty thousand cans of Erbswurst soup have been sent to the British troops in Egypt.



## Original.

## TWO CASES OF PERINEPHRITIC ABSCESS.

BY E. S. MOSS, M.D.,

*Late Intern of Louisville City Hospital.*

CASE I.—Mr. Davenport, aged twenty-three, a laborer. History: Was taken sick on May 15th with a chill followed by fever, with severe and continuous pain in right lumbar region and tenderness. My partner, Dr. Gatliff, was called to see the patient on the 18th, and found the symptoms as above stated, temperature being 102.5°, pulse 100, tongue showing a whitish coat. He was ordered one fourth grain sulphate of morphia till relieved from pain, which was to be followed by five grains each of *hdg. chlorid.* mite and sodium bicarb.

I saw the patient on the 20th. He was suffering very much; temperature 104°, pulse 110, respirations 24; tongue red and dry; bowels had acted; no appetite; urine less than normal, very high colored, but did not contain either pus or blood; pain in lumbar region increased. The patient lay upon his back, and could not move without great pain. He could flex the thigh, but only with great pain. He was ordered twenty minims of *tinct. opii* every two hours, or sufficient for relief, and counter-irritation, which had been previously resorted to, was continued. The patient further had five grains of sulphate of quinia three times a day.

I saw patient on the 22d, but found no improvement in the symptoms presented at my previous visit. An enema of salt water was given, which produced a stool.

Dr. Gatliff saw the patient on the 24th, but there was still no improvement in the case. Treatment continued.

I saw the patient on the 26th, and noticed some swelling in the lumbar region, but no evidences of pointing or fluctuation. He had had two rigors during the afternoon of the 25th. Urine was less in quantity and very high-colored, but contained neither pus nor blood.

I saw patient again on the 28th. Tongue very red and dry; temperature 104°, pulse 110. The tumor in the lumbar region gave no evidence of pointing and showed very little fluctuation. I introduced a hypodermic needle at the most tender place, and withdrew a syringeful of pus. Having no aspirator, and the patient not consenting to lancing without anesthesia, I left, to return

on the following morning, but before going ordered a poultice of flaxseed.

Dr. Gatliff and I visited the patient on the next morning, but to our surprise found that the bulk of the tumor was in the right iliac fossa communicating with the lumbar region; fluctuation distinct, but deep. After some persuasive argument the patient consented to have the abscess opened under local anesthesia. We accordingly dipped a small brush in carbolic acid and applied it in the line of the intended incision, which was one inch in length. Pus escaped very freely with the usual odor of intestinal gases. The cavity was then washed out with a one-part-to-forty solution of carbolic acid, and a tent of slippery elm introduced to secure drainage. Patient was ordered iron and quinine with good diet.

I saw him on the 3d of June, when he showed much improvement. Temperature 100°, pulse 80; tongue red, but moist. The tenderness and swelling had almost disappeared from the lumbar and iliac regions. The cavity of the abscess was washed out three times a day with a ten-per-cent solution of tincture iodine by means of a household syringe.

I saw the patient on the 8th of June. He was still improving in every respect; so I did not return till June 12th, when I found that the tents had not been properly kept in place, and that in consequence the external opening was closing so that pus could not escape. I reintroduced a tent of slippery elm and continued the wash of iodine.

I saw the patient on the 14th, 16th, and 22d of June, and was glad to note that he improved from day to day. On the 28th I was able to discharge the case as cured.

CASE II.—Mrs. Bird, aged forty, house-keeper. History: Health had been good till about five weeks previous to the attack about to be described. My partner saw the patient on the 24th of May, but on account of other engagements he did not return. The patient had then been suffering with a gradually-increasing pain in the region of the kidney for some five weeks, which during the last week had been very severe. He ordered sulphate of morphia for the pain and a poultice to the side.

I was called on May 26th. The patient had not slept during the previous night. On examination I found a soft fluctuating tumor in the region of the kidney, from which pus had already made its way almost to the surface of the body. I made a free incision, and the pus was discharged very



freely, after which patient expressed much relief. A poultice was ordered, and subsequently the cavity was washed out with a carbolic solution, one part to forty, twice a day.

I saw the patient on the 28th. She was doing well. I have not visited her since, but learned from her husband that at the present writing (July 10th) she is in her usual good health.

Some will doubtless be ready to say that these were not cases of perinephritic abscess, but simply mural or perhaps psoas abscesses. I feel that I have not been sufficiently elaborate in explaining the points that lead to the above diagnosis in these cases; but the symptoms as I was able to read them from day to day were, I believe, sufficient to warrant in each case a diagnosis of perinephritic abscess.

WILLIAMSBURG, KY.

## TWO CASES OF CONGENITAL IRIDEREMIA, WITH LAMELLAR CATARACT IN ONE AND DISLOCATED CATARACTOUS LENSES IN THE OTHER.\*

BY GEORGE C. HARLAN, M.D.

Surgeon to Will's Eye Hospital and to the Eye and Ear  
Department of Pennsylvania Hospital.

CASE I.—N. J. M., aged twelve, says that he knows of no defects in the eyes of any other member of his family in this or preceding generations, except that his mother is "short-sighted." He is of medium size, and—except his eyes—well developed. His vision is  $\frac{8}{20}$  and is not improved by glasses or the stenopaic hole. There is no photophobia, and he sees better in a bright light than in a subdued one. The corneæ are clear, but perhaps very slightly below the normal size, though a constant and decided nystagmus makes it impossible to measure them accurately. The eyes are free from irritation, and their tension is normal. There is not a vestige of iris in either eye. There is well-marked lamellar cataract in both eyes. In each lens there are two opaque layers with clear lens matter intervening between them, beautifully seen by oblique illumination. Only occasional and partial glimpses of the fundus can be obtained, but the choroid seems normal. There is not sufficient vision for any satisfactory test of the accommodation.

\* Read April 5, 1892. From advanced sheets of the Transactions of the College of Physicians, Philadelphia.

CASE II.—I. B., a well-grown boy of thirteen years, has rather prominent eyes, with full-sized corneæ, and normal tension, but the iris is entirely absent in both. In the right eye the corneæ is quite clear, and, though there are floating opacities in the vitreous, the details of the fundus can be seen fairly well. The lens, which is of normal size, is opaque and white, and is dislocated upward, so that only about its lower half is seen beneath the corneo-sclerotic junction. The ophthalmoscope shows a hypermetropia of  $\frac{1}{4}$ , which, assuming  $+\frac{1}{2}$  to represent the loss of refractive power induced by aphakia in the emmetropic eye, indicates a structure of the ball corresponding to a myopia of  $\frac{1}{2}$ . The choroid and retina appear normal in structure, but the optic disk is atrophied and greatly distorted, the vertical diameter being twice that of the horizontal, and the retinal vessels crowded to its inner edge; vision is only quantitative. There is no nystagmus. In the left eye there is a diffused haziness of the corneæ, which, together with a greater opacity of the vitreous than in the other eye, makes the details of the fundus invisible. The lens, which presents the same form of cataract as that in the right eye, is still further out of position, and only a narrow edge of its periphery extends below the margin of the sclerotic. The lenses seem to be held in their unnatural position by some attachment of their upper margins, while the lower are free, and they swing backward and forward as if on hinges, with the movements of the balls. In the left eye the lens has caused an absorption of the tissues, against which it rests until the choroid has disappeared from above it and the sclerotic is very much thinned and slightly staphylomatous. When the cone of light concentrated by a convex glass is thrown upon it from below, the outlines of the lens become distinctly visible through the sclerotic.

Though irideremia (*iris*, and *eremia*, absence), or aniridia, is an extremely interesting anatomical curiosity, it can scarcely be said, in the present state of our knowledge, to teach any useful lesson in embryology or pathology. Numerous hypotheses have been suggested to account for its occurrence, but most of them are more fanciful than philosophical, and perhaps none of them are more rational than that maintained long ago by Von Ammon, who, in view of the late appearance of the iris, after the choroid is fully formed, considered its absence simply the result of an arrest of develop-

ment of the uveal tract. It is a curious fact that this anomaly is almost invariably symmetrical. According to Manz (*Handbuch, Augenheilkunde*) but one case has been reported in which it occurred in one eye only. Another point of interest in the history of this defect is its decided tendency to hereditary transmission. A number of cases of inheritance have been reported; one (quoted from Von Ammon by Lawrence) in which one member of the first generation was affected, three of the second, and five of the third.

The fact that cataract is very generally associated with irideremia has given some support to a suggestion that the iris is concerned in the nourishment of the lens, and to an ingenious theory of the causation of irideremia which supposes that the iris has been crowded out, as it were, by the lens remaining too long and too closely in contact with the corneæ during embryonic life. This coincidence of cataract with irideremia is, however, not constant, as cases are recorded in which the lens was transparent. One is reported by Dr. Reuling (*Am. Jour. Med. Sciences*, January, 1875), in which vision was sufficiently acute to enable the observer to determine that the power of accommodation was unimpaired.

The normal intraocular tension found in cases of irideremia has been adduced to prove that the aqueous humor is not secreted by the iris, but chiefly, if not entirely, by the ciliary processes. In the rabbit the ciliary processes are connected with the iris, and when both are removed the eye becomes very soft and the aqueous humor is never regenerated (Deutschman, *Gräfe Arch.*). This, so far as it goes, gives support to the advocates of sclerotomy, instead of iridectomy, in glaucoma.

Partial congenital luxations of the lens are usually upward, as in Case II, and frequently occur without defect of the iris. In the left eye of this patient the lens is so far out of place that it would be entirely concealed if the iris were present, and this case might then be readily mistaken for one of the very rare anomalies of congenital aphakia (absence of lens).

After the reading of the preceding paper Dr. W. F. Norris said:

Through the kindness of Dr. Harlan I have had an opportunity of making an examination of the eyes of the patients whose cases have been described. On first inspection of one of the cases I thought I could

detect a slight peripheral remnant of the iris, but more careful examination, aided by the ophthalmoscope (oblique light), showed that every vestige of iris was wanting, that this appearance was due to the shadow cast by the limbus conjunctivæ corneæ on the periphery of the anterior chamber.

It has occurred to me that at least some of the cases which have been reported in the older books as partial irideremia, might possibly be due to this similar appearance in the days when the above-mentioned methods of examination were unknown.

PHILADELPHIA.

## Reviews.

**A Rational Materialistic Definition of Insanity and Imbecility, WITH THE MEDICAL JURISPRUDENCE OF LEGAL CRIMINALITY, FOUNDED UPON PHYSIOLOGICAL, PSYCHOLOGICAL, AND CLINICAL OBSERVATIONS.** By HENRY HOWARD, M.R.C.S. Eng., etc. Montreal: Dawson Bros. 1882.

As may be seen by the title, the author regards insanity and imbecility as having a physical or materialistic basis, discarding the more abstract and refined causes which are attributed to psychic changes by some authors. Imbecility he holds to be due to tetralogical defects, and insanity to pathological defects in the brain. But while holding these views he maintains that the tetralogical defect of the imbecile or idiot does not at the same time render him exempt from pathological defect. "Consequently we have imbeciles who in the eye of the law are already insane, suffering like other men from pathological defect which renders them insane from a pathological standpoint. Every man is either an idiot, an imbecile, or an intellectual man—imbecility and intellectuality differing in degree. The idiot and imbecile are such because their mental organization has not attained its full development—tetralogical defect. The ordinary man is such because his mental organization has attained near to its full development."

With this definition of his position the author handles in part first the question of insanity and imbecility in a manner which is both learned and entertaining, though we think he is at by far too great pains to prove a doctrine generally accepted by the scientific physicians of the day, namely, that there is a physical basis of life, and that all nervous phenomena, from the lowest form of reflex action to the highest achievement

of intellection, are but an expression of molecular changes in variously differentiated types of protoplasm. While this sounds like materialism, it is so only in sound. Such terms are, as Huxley suggests, but the Xs and the Ys with which the biologist is able to work his problems, and must not be mistaken for the real entities for which they stand.

We are glad to see that Dr. Howard has not made this grave mistake, though he barely misses it when he calls mind "a product of matter as we know and define matter," and is put to some pains to explain away the possible imputation of gross materialism to which such a definition might subject him.

Part second is devoted to the discussion of crime and insanity and criminal responsibility, in which the case of Hugh Hayvern, a convict who murdered a fellow-convict in the Penitentiary of Saint Vincent de Paul on the 29th of June, 1881, and who was tried, convicted of murder, and finally hung on December 6, 1881, is made the basis of what the author has to say. He reproduces here a paper by Prof. William Osler, M.D., M.R.C.P., on the brains of criminals; an article from the Chicago Medical Review, by James G. Kiernan, M.D., on the Medico-legal Relations of Epilepsy, and certain remarks bearing upon the case by Dr. Hack Tuke, editor of the London Journal of Mental Science. The case of Hayvern and its bearing upon the question of the responsibility of insane criminals is most carefully and exhaustively treated, and the discussion of the mental condition of Guiteau is made to do good service in illustration of the author's ideas. The impression made on the reader by all this learning and elaborate argument is that criminals such as Hayvern and Guiteau were doubtless insane, but peculiar in that they represent a class of insane who may be held as legally responsible for their conduct. Though this view is not held by the author, the issue in each case proves at least that this was the opinion of the jury after a long and patient hearing of an almost inexhaustible store of expert testimony.

We do not believe that a century hence such murderers as Hayvern and Guiteau will be submitted to capital punishment, nor do we believe that the alienist of that distant day will be able to trace with any more certainty than that possessed by the neurologist of our time the very tortuous line that marks the boundary between san-

ity and insanity. Was not the poet right when he said:

"It is not ours to separate  
The tangled skein of will and fate,  
To show what metes and bounds should stand  
Upon the soul's debatable land,  
And between choice and Providence  
Divide the circle of events"?

Those of our readers who may desire information relative to the medico-legal aspects of insane criminality—or perhaps we might say criminal insanity—will do well to give this book a careful reading.

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Transactions of the Medico-Chirurgical Faculty of the State of Maryland. EIGHTY-FOURTH ANNUAL SESSION. Held at Baltimore, Md., April, 1882. Wilson G. Register, M.D., Secretary. Isaac Friedenwald, printer.

This is a neatly-printed volume, bound in paper, of two hundred and forty-eight pages. Beside the usual array of reports bearing on the working of the society, the volume contains sixteen papers devoted to the science of medicine and surgery, and two addresses. One of the latter is by the president, F. Donaldson, M.D., and is devoted largely to the question of advance in general medicine during the year. The discoveries of Pasteur and Koch receive due attention, the all-important question of vaccination is made a matter of comment, and through these the subject of preventive medicine is given deserved prominence. In closing, the president says, "If *preventive medicine* continues thus to advance in keeping off disease, may we not yet verify M. Flourens's estimate of one hundred years as the natural duration of human life?" The other address is a learned essay by A. M. Fauntleroy, M.D., on The Reciprocal Action of Morbid Bodily Influences. In this the author displays wide reading, scientific accuracy, and fine literary culture.

Space forbids even a passing comment upon the various papers making up the body of the work, which show one and all that this time-honored body is made up of men of broad culture and special scientific attainment. We can not, however, refrain from calling attention to the very able report on the drinking-waters of Maryland, considered in reference to the health of the inhabitants, by W. C. Van Bibber, M.D. It contains a fund of information on the all-important question of drinking-water supplied to large cities, and should be placed before every city board of health in the land. The only point we can now mention is in reference to the

peculiar taste and odor occasionally present in the river-water supplying the cities of Baltimore and Boston at certain times last year—a condition now and then met with in our Ohio River water-supply. The attention of the citizens of Baltimore was aroused by this phenomenon, and two chemists, Prof. Lowry and Prof. Remsen, were employed to find the cause of the contamination. Prof. Lowry gave his opinion, formed from his analysis, that “the objectionable taste, odor, and peculiar milky color of the Jones’s Falls water were due to the decomposition of sulphates held in solution, passing into sulphites, and setting free sulphuretted hydrogen gas.” “Prof. Remsen reserved his opinion as to Baltimore, and was afterward engaged in a similar investigation for the city of Boston. The satisfactory conclusion to which Prof. Remsen brought his investigation is, that the peculiar condition of the water in Boston in November, 1881, was due to the presence of the ‘*Spongillia lacustris*,’ one of the fresh water sponges.” After describing in detail the steps by which he made this discovery in Boston, Prof. Remsen says, “I have good reason to believe that the contamination of the Baltimore water was of the same nature as that with which we are at present dealing, viz. the Boston water.”

This is an important discovery, and one which may well claim the attention of those who have the public health in charge. The contaminating agent is probably the sponge particles, minute albuminoid bodies which escape from the dead spongilla and pass out to form new sponges. The decomposition of these bodies doubtless gives rise to the peculiar smell and taste of water. The danger of using such water for a beverage is manifest.

### Formulary.

#### FOR COPPER COLIC.

R Magnesiæ sulphat.....	℥ ij;
Acid. sulph. aromatici.....	℥ xc;
Tinct. hyoscyami.....	℥ vj;
Infus. quassia, ad.....	℥ viij.

M. Sig. One sixth part three times a day.—*Medical Gazette*.

#### PEPSIN IN SEA-SICKNESS.

A German authority says that pepsin has proved quite successful in warding off sea-sickness. As much pepsin as will lie on the point of a knife is dissolved in a wineglassful of water containing five drops of hydrochloric acid. This dose is taken thrice daily, and especially if feelings of sea-sickness threaten.—*Boston Jour. of Chem.*

#### DR. YUNA'S VEGETABLE LIVER PILL.

Leptandrin.....	AA 3 ss;
Podophyllin.....	
Ext. nux vomica.....	
Ext. belladonna.....	
Pulv. ipecac.....	gr. v.

M. ft. pil. 30. Sig. One two or three times daily.

—*Druggists Circular*.

#### METZ'S BALSAM.

Metz's Balsam, which is quite popular in some sections of the country, is prepared as follows:

Linseed oil.....	AA 3 vj; 180.00 Gm.;
Olive oil.....	
Oil of laurel berries.....	
Turpentine.....	
Melt by a gentle heat and add—	
Powd. aloes.....	℥ ij; 8.00 Gm.;
Powd. verdigris.....	℥ iij; 12.00 Gm.;
Powd. white vitrol.....	℥ jss; 6.00 Gm.
Pour into a bottle and add—	
Oil of juniper.....	℥ ss; 15.00 Gm.;
Oil of cloves.....	℥ j; 4.00 Gm.

Mix by shaking. It is used as a dressing for ulcers, boils, wounds, etc.—*Weekly Druggists Circular*.

### Selections.

#### Hypodermic Administration of Cathartics.—

By Dr. A. Hiller, of Berlin, in the *Zeitschrift für Klinische Medizin*:

The author has reviewed the experiments that have heretofore been made in the way of injecting into the subcutaneous connective tissue medicine intended to produce catharsis, and has at the same time somewhat extended the list. He has, for a number of years, upon merely theoretical grounds, expressed his belief in the possibility of producing such effects and has maintained the opinion that it was only a question of time when appropriate remedies would be found for this purpose. But the discovery of a suitable remedy has until now evaded all pharmaceutical research, and among all those that have been proposed there is not one that answers all the requirements of a hypodermic cathartic remedy.

Aloin, which has been the most universally used in experiments of this kind, gives, according to the manner of administration, a varied action. Hiller observed, after the injection of from fifteen centigrams to two decigrams, a copious, mushy discharge in from four to six hours after administration. In a brief review of experiments by Kohn, not referred to by the author, aloin was administered subcutaneously in the dose of eight decigrams without producing catharsis.

The colocynthus purum prepared by Merck, of Darmstedt, a light, grayish-yellow powder of a bitter taste, administered internally or subcutaneously in the dose of five to ten milligrams produces watery stools with moderate tormina. A solution in alcohol, glycerin, and water is the best adapted to hypodermic medication. The injection is very painful. There is also a resinoid substance called citrullin extracted from the colocynth fruit, insoluble in water, which when taken internally in the dose of five



milligrams to one centigram, or if administered hypodermically in the same dose, dissolved in equal parts of alcohol, water, and glycerin, will produce the desired effect, but it produces also severe pain accompanied by edema and redness of the skin. The action of colocynth and citrullin is also manifested by the official extract of colocynth. A dose of fifteen milligrams to six centigrams injected under the skin produces diarrhetic evacuations, but also pain and edema.

The substances thus far named, together with a small quantity of fluid produce diarrhea in from a half to one hour.

Experiments with cathartic acid from senna show that this remedy, rather freely soluble in water, will produce catharsis if taken internally in the dose of two or three decigrams dissolved in water and glycerin. Administered subcutaneously, it produces painful inflammation of the skin with a tendency to the formation of sloughs. If, however, the solution be made alkaline, this effect is not produced; and furthermore, one decigram will occasion copious evacuations in eight to twelve hours.

The extract of elaterium, as well as the pure elaterin, is too often ineffective, and frequently it is for other reasons inapplicable.

Leptandrin, a glucoside of leptandra virginiana, internally, in the dose of five decigrams, gently stimulates peristalsis without producing diarrhea.

Euonymin, the glucoside of euonymus, atropurea internally (one to two decigrams) acts mildly. In obstinate constipation a dose of three decigrams or more will be found effective.

Baptisin, a glucoside of baptista tinctoria, has to be given internally in the dose of three or four decigrams to produce mild catharsis in four or six hours.

The three latter remedies have been for a number of years employed in America and their therapeutic value well studied.—*Deutsche Mediz. Zeitung*; translated by J. M. F., *Cin. Lancet and Clinic*.

#### On the Treatment of Ringworm of the Scalp.

Jno. Cavafy, in the British Med. Jour. of June 24th, alluding to Mr. Malcom Morris's statement that oils and fats should not be used as excipients for parasitocides in the treatment of parasitic diseases of the scalp, etc., because they form a nidus for the germs and thus favor the growth and dissemination of the parasite, thus describes a plan of treatment for ringworm of the scalp, which he has employed successfully in St. George's Hospital for more than a year:

Thinking that the accumulation of sebaceous matter and epithelial debris in all probability prevents the penetration of remedies into the follicles, which are further blocked by the swollen diseased hairs, and that it should be our object to bring any parasiticide into contact with the most deeply-seated fungus, it occurred to me that we might attain this end by the employment of a parasiticide held in solution in a fluid which should also dissolve fatty matters. It certainly seemed to me desirable to exclude fatty and oleaginous materials from the remedy, and to apply this in solution, i. e. the minutest form of subdivision. Accordingly, I determined to employ a solution of boracic acid, twenty grains in an ounce of spirit, to which a dram of ether was added, and directed this lotion to be forcibly rubbed into the affected parts of the scalp with a rag or moderately stiff brush

three times daily, the whole head being ordered to be washed every morning with plenty of hot soap and water.

The result of this treatment in severe chronic uninfamed cases is certainly excellent, when it is faithfully carried out. The frosted scaly aspect of the diseased patches is soon replaced by healthy-looking scalp; the broken and twisted hairs appear to be removed, and a healthy growth makes its appearance. When the scalp is seen shortly after the application of the remedy it is found to be shining, owing to the presence of a fine glaze. This, I presume, consists of dissolved sebaceous matter mixed with boracic acid deposited in a thin film after evaporation of the solvent; and for this reason I think its removal by soap and water is a necessary adjunct to the treatment. This would perhaps be best effected by alkaline spirit of soft soap, which, however, I have not used.

Now, will this treatment suffice to cure chronic uninfamed ringworm? I should hesitate to say. I have certainly seen many cases in which the disease appears to have been entirely removed, but (there is always a "but" in the treatment of ringworm) I must admit the possibility of a diseased stump or two having remained. I find it an extremely difficult matter to be quite certain that every hair is healthy on a scalp which has once been affected with ringworm, and in this I believe my experience is not singular. I have had cases which seemed cured brought back to me on a future occasion with distinct ringworm, and it is no doubt possible that this may have started afresh from an old, undetected, excessively minute focus. But, with our very imperfect means of observation of hospital out-patients, it seems equally possible that such cases may be due to reinfection, either from other children in the same family or from a new source.

I may say in conclusion that Prof. Kaposi (*Hautkrankheiten*) recommends, among other remedies, the application of alcoholic and ethereal solutions of carbolic and salicylic acids. These would no doubt do very well, but the entire absence of any irritation by the use of boracic acid seems to me in its favor, while its efficacy as a parasiticide is unquestionable. The remedy may no doubt be varied in different cases, but if our object is that it should penetrate into the hair follicles I certainly think that it should be employed in solution and forcibly rubbed in, and that the use of an oily or fatty vehicle is to be deprecated.

**Acute Strangulation of the Small and Large Intestines.**—By M. C. Sykes, L.R.C.P.Lond., M.R.C.S., House-surgeon, Beckett Hospital, Barnsley:

A. N., aged ten years, was admitted into this hospital on February 6th, suffering from a compound fracture of his right forearm, a wound over his left eye, and a slight contusion below the left Poupart's ligament. On admission he complained of pain in the hypogastric region, which was relieved at once by drawing off his urine. The wound of the forearm and eyelid healed in six days. He had no pain after the first night. His bowels were regular, he passed his urine, and appeared ready for sending home. He was sent out on February 18th. On arriving home he had some cakes and tea given him; this would be about six in the evening, and at one o'clock the following morning he was seized with pain, followed by sickness and diarrhea. I saw him



the next morning. He had been sick all night; no diarrhea or motion then complained of. He had pain in the right iliac fossa; the pain was not very intense. Nothing could be felt. I saw him again on the following morning. The symptoms had increased: hiccough; abdomen tense; vomited food and medicines; no pain. I saw him again the next morning, being the fourth of the disease. He vomited a great deal; hiccoughed; abdomen tense; no pain. He had not had a passage since the first attack of diarrhea. He died during this visit. His temperature was never more than 99.4° F.

I made a post-mortem examination, and found the following morbid changes: A piece of the small intestine, ileum, was perforated (no escape of feces), and had formed adhesions to the ascending colon. It was also strangulated here by recent inflammatory bands, and also slightly twisted. The bowel here was empty. The commencement of the large gut was constricted by bands of fibrous tissue crossing it, and connected to the iliac fossa, and thickened by inflammatory products. It was completely strangulated by one of the bands of fibrous tissue, and closed off from the general peritoneal cavity by local peritonitis. A collection of pus was also inclosed by the peritoneum around the upper portion of the cecum. There was not general peritonitis; it was localized entirely to the right iliac fossa. There was no other visceral mischief or disease of the bones or a previous history of strumous disease.

*Remarks.* This was a very obscure case from the beginning of the sickness and diarrhea. It could not possibly be connected with the accident. He had only a slight pain below the left Poupart's ligament during the first night after injury. His bowels were quite regular, no sickness, and could pass his urine during the twelve days he was in the hospital. One is bound to believe that his intestinal trouble was due to some irritant, possibly the cakes, as he had only taken them six hours when sickness and diarrhea set in. It is remarkable in this, that severe diarrhea should precede the strangulation.—*London Lancet.*

#### A Case of Mussel-poisoning—Recovery.—

J. Farrar, L.R.C.P.Ed., in the British Med. Journal, reports the following case:

The patient was reclining in a chair, in an extreme state of collapse. His cold hands and feet were being vigorously rubbed by the attendants. The pulse at the wrist was almost imperceptible, though not much increased in frequency. The face was pale, except when occasional hectic flushes appeared on the cheeks. The nose was particularly white and pinched, looking quite bloodless. The pupils were natural; tongue clean. There was loud wheezing and rattling respiration, interrupted by frequent yawnings and sighings. The patient was continually fainting, notwithstanding the large quantity of brandy which was being poured into him; he had also frequent attacks of clonic spasms, which apparently implicated all the muscles of the body. He was perfectly calm and conscious; had no pain anywhere, but he complained of great thirst, and suffered from itching all over, as if his "clothes had all turned into lice." There was no feeling of constriction of the throat, nor headache, but "every thing looked misty." A rash, exactly like ordinary erythema, was seen on his chest. Two and half hours before he had eaten about twenty mussels, which he

had just taken out of Morecambe Bay; he had eaten them without picking out the "moss," as he had often done before with impunity, though not so many at a time. On this occasion, however, he almost directly began to feel sick and to have griping pains, and in the course of half an hour he vomited, and was also severely purged five or six times. He then began to feel faint and dizzy; and, these symptoms becoming more and more aggravated, he sent for me. I gave him frequent doses of hot brandy and water, and drinks of hot milk flavored with ginger. His feet were placed in mustard and hot water, and a mustard poultice was placed over his heart; he was constantly kept in the horizontal position. The attacks of syncope with convulsions still, however, continued. I therefore gave him a mixture of tincture of opium and spirit of ether every ten minutes. He showed decided signs of improvement directly after the first dose, and the mixture was then gradually given less frequently. An hour later the patient could sit up, and was able to talk freely about his case. Next morning the patient was quite well, complaining of nothing but the incessant thirst. He is sixty years of age, of regular and temperate habits, strong, and well-built.

With regard to such cases the question arises, Which is the poisonous part of the mussel? Is it, as commonly believed, "the moss" (*byssus*) which lies at the root of "the tongue" (foot), and which is nearly always carefully removed before the mussel is eaten; or is it the viscous secretion contained in the special gland to which the foot is subsidiary, and out of which secretion the *byssus* is molded? Or, whatever part of the common mussel be poisonous, why should it exert toxic powers in some cases only? Mussel-poisoning is not, I believe, a common accident. This is the first time I have met with a case in my professional experience.

#### Inherited Immunity from Zymotic Disease.

My attention was first directed to this subject by my failure to vaccinate successfully an infant whose mother had a mild attack of modified smallpox two months before its birth. When three months old I vaccinated it, arm to arm, three times in successive weeks, without eliciting any sign of invasion. This constitutes my sole experience of infantile insusceptibility, and my stock of lymph at the time was above suspicion. I felt assured of the child's immunity from smallpox, but, as regards the persistence of this immunity, my assurance has been dissipated by my next to be related experience.

Last autumn I attended a fine child of three years through a virulent and, I regret to add, fatal attack of unmodified smallpox, with the leaden-hued, depressed, umbilicated pustules. The mother, whose face presented numerous small pits, explained that, when seven months pregnant, she had a severe attack of smallpox (modified), and that in due course her infant had resisted three successive vaccinations, and been returned as insusceptible. She bore in her arms her next baby, a well-developed child of fourteen months, wanting in vaccine marks. It had been twice ineffectually vaccinated with preserved lymph by the same practitioner, who, concluding doubtless that it, too, had inherited immunity from its mother, thereupon certified insusceptibility. I vaccinated this child on the day of my first visit, after expressing my belief that it must already have contracted its sister's disease. On the eighth day it presented four typical vaccine vesicles, and at the same time a copious va-

riolous eruption of creamy, hemispherical pustules, with, on the face, a common florid basis. Recovery was rapid, without a bad symptom. The two cases may be regarded as a crucial test of the antidotal power of vaccina over variola. The vaccination seemed in no way modified, but presented a curious illustration, no doubt illusory, of the less overcoming the greater.

More recently I attended a patient through a sharp attack of modified smallpox, and six weeks thereafter through her confinement. Four months subsequently I vaccinated her infant, together with four others, from the same arm. All five "took" in every insertion, but, while the other four presented large areolae, in this there was none at all.—*Wm. M' Laurin, M.B., C.M., Glasgow, in Lond. Lancet.*

**Gangrene of the Bladder from Retroversion of the Gravid Uterus.**—The last number of the *Archiv für Gynäkologie* contains an interesting article on the above subject by Dr. G. Krukenberg, of Bonn. He points out that cases of rupture of the bladder and of gangrene of the bladder, from retroversion of the gravid uterus, are identical in their pathology. When gangrene of a portion of the vesical wall takes place, its peritoneal surface may be or may become adherent to neighboring parts, and in that case the gangrenous bit (or layer) may be cast off entire or broken up. If no adhesion be present, and the bladder be subject to distension, its wall will give way at the weakened spot, or the separation of the slough may lead to perforation, even without overfilling of the bladder. Dr. Krukenberg has only been able to collect ten of these rare cases, and to these he has added one observed by himself. The practical conclusions which he draws from them are these: When the catheter has been employed and the uterus replaced before the sixth day, exfoliation of a portion of the vesical wall has never been observed. If regular catheterization is begun before the tenth day, rupture of the bladder need not be feared. When retention of urine persists longer than this, either gangrene or rupture of the bladder may supervene, rupture being the more frequent. Rupture of the bladder may also take place suddenly from great distension of the bladder or from efforts even most carefully made to replace the uterus. If gangrenous portions of the vesical wall are cast off, it should be an indication to abstain from attempts to replace the uterus (lest rupture of the bladder should take place), and to treat the case by the induction of abortion.—*Med. Times and Gazette.*

**Death from Chloroform.**—We have received from Mr. Crane, House-Surgeon of the Kent and Canterbury Hospital, the following account of a death from chloroform, that occurred in that hospital on Thursday, the 15th inst. J. S., aged forty-nine, was admitted under the care of Mr. T. W. Reid on the 9th inst., for disease of the fifth metatarsal bone of the right foot. The toe had been removed on the 7th of April last, but the flap had not united. The great toe of the left foot had been amputated about five years before. On the 15th Mr. Reid determined to remove the diseased portion of bone while the patient was under the influence of chloroform. For the first six or seven minutes the chloroform appeared to have little effect, and on an incision being made the patient winced. Further operative proceedings were stayed for a few seconds, and on re-

newal, a piece of diseased bone was removed. The patient now struggled and sat up in the bed, when the pulse at the wrist suddenly became weak, flickered, and stopped; the face became livid; but the temporal artery could still be felt beating. The pupils were fixed, and not dilated. The breathing became sighing, and then stopped. As soon as the change in the pulse became apparent the administration of the anesthetic was discontinued and the attention of the operator called to the patient's condition, artificial respiration being at once begun. In about a couple of minutes the phrenic nerve was stimulated by a faradic current. All was of no avail, however, the patient merely giving two or three gasps. The quantity of chloroform used was about two drams and three quarters; and the time occupied, from the commencement of its administration until the setting in of the fatal symptoms, was less than ten minutes. The patient looked older than he really was. His pulse was strong and regular, and a little hard. There were no obvious signs of cardiac mischief. The urine was normal. He was accustomed to take large quantities of stimulants. There was unfortunately no necropsy, as the coroner did not deem it necessary, and the friends declined to consent.—*British Med. Journal, June 24th.*

**Pilocarpin in Uremic Convulsions.**—In the Medical Press, July 5, 1882, Mr. James Lemont reports the case of a laborer, aged forty-four, who was admitted to the hospital with swelling of the legs and abdomen and difficulty in breathing of twelve months' duration. His mother and brothers died of dropsy. He gave no history of scarlet fever or rheumatism, but he had been a great drunkard and much exposed to sudden changes of temperature. Urine much diminished in quantity, albumen plentiful, fatty casts. He was ordered acetate of ammonia and compound jalap powder, with a vapor bath every evening. On the second night after admission he had become unconscious and had several convulsions. Chloral hydrate and potassium bromide (forty grains of each) were given by enema, and a wet pack was used to induce diaphoresis, but without the least effect. One third of a grain of pilocarpin was then injected subcutaneously, and in less than five minutes there was profuse perspiration, which lasted several hours. The patient remained unconscious for twenty hours, but there was no return of convulsions. At the end of a month there was no trace of edema. The pilocarpin was given once more.—*Medical and Surgical Reporter.*

**Opening of the Chest in Hydatid Cyst of the Lung.**—At a recent meeting of the Société Médicale des Hôpitaux, June 23d, M. Bucquoy presented a remarkable case of hydatid cyst of the lung treated and cured by incision of the chest-wall. A man, thirty-nine years of age, presented himself with the signs of dry pleuritis upon the right side. Later the general condition became bad, and all the signs of pneumothorax were found. By aspiration more than two quarts of pus were withdrawn from the chest, but no improvement followed; hectic fever appeared, with fetid breath, discharge of pus from the mouth, and a second aspiration gave but about three ounces of very fetid pus. An incision in the chest-wall was then made, and the hydatid cyst extracted. Rapid recovery ensued, a fistulous passage into the chest remaining.—*ibid.*

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**FORMULA.** Each dram of this preparation contains 1 grain of Iron, 2 grains Calasaya Bark, 1-200 grain Phosphorus, 1 grain Coca, 1 grain Viburnum, with a sufficient quantity of vegetable aromatics, Cologne Spirits, Sugar and Distilled Water.

HARTER'S IRON TONIC is a combination of Phosphorus, Calasaya Bark, Protoxide of Iron, Erythroxyton Coca, and Viburnum, associated with the vegetable aromatics in a pleasant and agreeable form, which has been so long a desideratum with the medical profession. It is pleasant and agreeable to the taste, having none of the inky flavors so peculiar to other preparations of Iron. In a low state of the system it will be found particularly efficacious. Iron restores color to the blood, and the Calasaya gives a natural healthful tone to the digestive organs. Phosphorus is a mild stimulant to the brain and nervous system, with especial action on the kidneys, bladder, and organs of generation, both in the male and female. The Erythroxyton Coca is a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor due to prolonged physical or mental effort.

The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and broken down system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalescence from fevers. It prevents impoverishment of the blood; is valuable in anæmia, chlorosis, etc.

The curative properties of Iron Tonic is largely attributed to its stimulant tonic and nutritive qualities whereby the various organic functions are recruited. Its action is immediate, produces at once a feeling of buoyancy to the intellect, removing depression or melancholy, and hence it is of great value in the treatment of mental and nervous affections. From its admirable composition, its use is indicated in a wide range of diseases.

The Iron Tonic contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of disease, fevers, and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections or induced by overwork, general debility in the most tedious forms of chronic diseases. It is friendly and helpful to the most delicate stomach. Does not cause nausea, constipation, or disarrange the digestive organs. Can be taken with impunity by the most delicate lady, infant, the aged or infirm, as by the sedentary student, whose system has suffered from over taxation of the brain; and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution.

It vitalizes the whole system; imparts tone, brain power, and nervous force. As a nerve power it is par excellence, a valuable ferruginous preparation, which in all respects merits the preference of the medical profession. Is valuable in all maladies caused by the impoverishment or deterioration of the blood. The blood of chlorotic women contains less of the globules than is the case in well women. Under the use of chalybeates the blood usually recovers quickly to the curor and globules which it had lost. The Iron Tonic given to chlorotic patients seems to have two methods of action, distinct, but equally necessary. First, it acts as a tonic and direct excitant of the stomach, as a special modifier of the peptic sense. Second, a part of the iron is dissolved in the gastric juice and absorbed, coming directly in contact with the inner coats of the vessels; while, by virtue of an action, which is dynamic or vital, the Iron Tonic by slow degrees places the impaired functions upon a normal footing. It is the combination of these two actions that reconstructs the blood globules, and finally cures chlorosis.

In the multitudinous nervous affections, complete loss of appetite and constipation, particularly in cases of delicate females, when the stomach is irritated, and the food inadequate to nourish and invigorate the drooping strength, and suffering from great nervous depression, it is a reliable preparation, and supplies a want as an invigorator and nutritive food tonic much desired by the profession.

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LUNSFORD P. YANDELL, M.D.....	Professor of Principles and Practice of Medicine and Clinical Medicine.
E. R. PALMER, M.D.....	Professor of Physiology and Clinical Diseases of the Chest.
T. S. BELL, M.D.....	Professor of State Medicine and Sanitary Science.
JAMES W. HOLLAND, A.M., M.D.....	Professor of Pathology, Clin. Medicine, and Diseases of the Nervous System.
DAVID W. YANDELL, M.D.....	Professor of Surgery and Clinical Surgery.
THEOPHILUS PARVIN, M.D., LL.D.....	Professor of Obstetrics and Medical and Surgical Diseases of Women.
W. O. ROBERTS, M.D.....	Professor of Surgical Pathology and Operative Surgery.
JOHN A. OCTERLONY, A.M., M.D.....	Professor of Materia Medica, Therapeutics, and Clinical Medicine.
H. A. COTTELL, M.D.....	Lecturer on Medical Chemistry.
W. CHEATHAM, M.D.....	Clinical Lecturer on Diseases of Eye, Ear, and Throat.
L. S. MCMURTRY, A.M., M.D., AND R. B. GILBERT, M.D.....	Demonstrators of Anatomy.

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The Spring Session of 1883 will open March 5th and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Regents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of \$5 will be charged, and second-course students the three other courses, for which a fee of \$10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

**CLINICAL MEDICINE AND SURGERY.**

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical and demonstrative* school.

THE UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of SS. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

**FREQUENT EXAMINATIONS.**

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown. The Faculty therefore devote additional hours for the purpose of a general "quiz" to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from \$3.00 to \$5.00 per week, fire and light included. Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Railroad Depot, will find the Janitor, who will conduct them to suitable boarding-houses.

A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

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AS AN INTERNAL REMEDY IN DIARRHŒA, DYSENTERY, NIGHT-SWEATS, HEMORRHAGE, OR PROFUSE EXPECTORATION. Mix one part of the extract with five of warm water; let it cool and take a teaspoonsful of the solution every three hours or oftener as the case may require.

For LEUCORRŒA and other VAGINAL DISEASES, dissolve a tablespoonful or two in a pint of warm water and inject twice a day. In obstinate cases a stronger solution should be used.

For PROTRUDING OR ITCHING PILES mix one-fourth of glycerine and apply as often as convenient; FISSURE OF THE ANUS, SORES, ULCERS, BURNS, or SCALDS, the extract should be applied in its full strength.

For CATARRH, dissolve a teaspoonful or two of the extract and a teaspoonful of salt in a pint of warm water and inject into the nostrils with a nasal douche twice a day.

For SORE THROAT, dissolve a tablespoonful of the extract in half pint warm water, let it cool, and apply as a gargle repeatedly during the day.

For GONORRŒA or GLEET, mix one part of the extract with three of water, inject two or three times a day.

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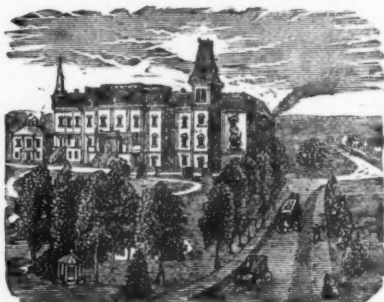
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